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COMMISSIONER

Urgent: Needs Immediate Attention
Circular Letter DHCQ 01-01-410

To: Chief Executive Officers, Massachusetts Hospitals
Fr: Howard K. Koh, MD, MPH, Commissioner
Re: Diversion Status, Massachusetts Hospitals
Dt.   January 23, 2001

As you are aware, Massachusetts hospitals have been experiencing increasing problems with emergency department overcrowding and ambulance diversion. The Department, the Massachusetts Hospital Association, and other stakeholders are collaborating on initiatives that will enhance understanding of the diversion problem and lead to improved management of the problem.

The attached questionnaire will provide baseline quantitative and qualitative information on the frequency and causes of diversion, and will serve as a foundation for more quantitative data collection efforts in the future.

We suggest that you seek the assistance of a multidisciplinary team (perhaps an ED physician, ICU nurse manager, administrator of support services) in completing the questionnaire. Please contact Larry Bohan at (617) 753-8010 with questions. Please sign the last page of the questionnaire, and return by fax no later than February 16 to:

Rose Silva
Division of Health Care Quality
5th Floor 10 West Street
Boston MA 02111

 FAX: **(617) 753-8125**.

Diversion Status Questionnaire
DHCQ/BHQM January 23, 2001

The purpose of this questionnaire is to collect basic information on ambulance diversion in the Commonwealth.   The questionnaire has two sections -- a set of general, policy related questions about diversion issues (see next page) and a diversion log (see last page).

Diversion Log. The Diversion log enables hospitals to track hours on diversion per day over a seven day time period. For each day, it collects information on census, number of hours on diversion, the reasons for diversion in order of importance, numbers of licensed and staffed and operating beds, and numbers of boarders**. Please note** that because some hospitals by policy do not go on diversion, the log tracks diversion alternatives (Special procedures) as well.

Please complete the log with reference to the seven day time period from 12:00 AM Febraury 1 through 11:59 P.M. February 7. Terms are defined below. Please contact Larry Bohan at (617) 753-8010 with questions.

> **To assist in completing the log, a sample response to questions 2 and 3 follows. In this example, the facility was on diversion for 3 hours on February 1, and the two reasons for diversion, in order of importance were: 1)** no staffed beds available for patients needing inpatient admission, and **2**) Because of crowding or boarding, the ED lacked capacity to evaulate and treat potentially unstable incoming patients.

Please complete each question for each day	Feb 1 12:00 AM- 11:59 PM
2. Hours on Diversion/SP	3
3. Reason for Diversion/SP: For this question, code the importance of each reason each day (1=most important, 4=least important.)	
- not on diversion/SP (if not on diversion/SP during time period, check box, leave rest of question 3 blank)	
- no physical beds available for patients needing inpatient admission	
- no staffed beds available for patients needing inpatient admission	1
- Because of crowding or boarding, the ED lacked capacity to evaulate and treat potentially unstable incoming patients	2
- Other, explain	

Diversion: The decision to restrict incoming ambulance traffic.

Boarder: A patient who remains in the ED for more than 2 hours after the call has been placed to the admitting office for a bed, or after the decision to transfer.

Hospital Name _____ID _____ Person Completing Form _____

Please continue your answers on additional sheets as necessary to tell the full story.

1. Please describe the diversion problem as it affects your hospital (e.g. scope, frequency, effect on operations).

2. What criteria does the hospital use when deciding to go on diversion?

3. What specific operational steps have you taken to better manage the problem? Have you used joint DPH/MHA Best Practices and Measures documents?

4. Please describe how you coordinate with other hospitals when you need to go on diversion.

5. If staffing shortages are a major cause of the problem, please describe the specific areas of hospital operation that are most affected (e.g., ICU, CCU, general Med/Surg, housekeeping, etc)

6. What resources, in terms of people, facilities or equipment would your hospital need to better manage the situation?

7. If the hospital has insufficient licensed beds for inpatients, what is the reason for the insufficiency (automatic bed delicensure, downsizing in response to market forces, current construction/maintenance issues)

8. Have you seen an increase in demand for your ED services in the last two years? If so, why? (Increase in morbidity, decreased availability of alternative service delivery sites, closure of nearby facilities, increase in the uninsured, etc).

1. Does hospital policy allow diversion? Y_____   N_____ If no, does hospital implement special procedures (SP) in response to emergency room or intpatient overcrowding; (e.g.; treat and transfer) Y___N____ If yes, describe:

Please note: If hospital policy allows diversion, respond to the following questions with respect to hours on diversion.
If hospital does not allow diversion, please respond with respect to hours using special procedures

Please complete questions 2-10 for each day.	Feb 1 12:00 AM-11:59 PM	Feb 2 12:00 AM-11:59 PM	Feb 3 12:00 AM-11:59 PM	Feb 4 12:00 AM-11:59 PM	Feb 5 12:00 AM-11:59 PM	Feb 6 12:00 AM-11:59 PM	Feb 7 12:00 AM-11:59 PM
2. Hours on Diversion/SP During Time Period							
3. Reason for Diversion/SP: For this question, code the importance of each reason each day (1=most important, 4=least important.							
- not on diversion/SP (if not on diversion/SP during time period, check box, leave rest of question 3 blank)							
- no physical beds available for patients needing inpatient admission							
- no staffed beds available for patients needing inpatient admission							
- Because of crowding or boarding, the ED lacked capacity to evaulate and treat potentially unstable incoming patients							
- Other, explain							
4. Midnight Census :Total registered inpatients							
5. Midnight Census: observation-status patients occupying licensed inpatient beds							
6. Noon Census: Total registered Inpatients							
7. Noon Census: observation-status patients occupying licensed inpatient beds							
8. Number of Licensed Beds (Exclude bassinets, labor room beds, postanesthesia or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital/health care facility)							
9. Number of Staffed and operating Beds (Use exclusions in question 8)							
10. Number of Boarders (See definition, boarders may be counted more than once if their boarding period crosses days)							

Hospital Name   _____   Signature of Chief Executive Officer _____
DPH ID Code   _____
Person Completing Form _____   Contact Phone #   _____